CITY OF BEDFORD HEIGHTS

5661 Perkins Road, Bedford Heights Ohio 44146 Tel: 440-786-3237 Fax: 440-786-3277



Completed application must be on file 20 days prior to date of the scheduled meeting.

(APPLICANT: FILL OUT FIRST PAGE ONLY)

Application for:				Appeal	☐ Varia	nce	☐ Conditional Use Permit		
ZON	IING BC	OARD OF APP	EALS	5			*	,	
Date of Meeting							Time:	6:30 p.m.	
A.	APPL	ICANT				-			-
	Name	of Property O	wner:					ge^{i}	Α.
	Owne	er's address:						, es	
	Phone	e (business)					e)	· · · · · · · · · · · · · · · · · · ·	
		cation date:		•			,		
	\$100.	00 fee paid on:	•			by [□ Cash □	Check No:	
	Person	ns scheduled to	appe	ar before the	Board:				
		(name)			(name)		 	(name)	
		(position)		_	(position)		·	(position)	
Addr	ess of pr	oposed improv	emen	t:		_		·	<u>.</u> .
Prese	ent use of	f property:				_			
Build	lings / in	nprovements pr	esent						
					6				
Propo	osed use	/ improvement	s:		5				
•		1			:				
									,
		•	tention	n that an error	ecision by the zoning was made in the		-		
		Applicant requ	ests a	variance beca	use				
		□ literal	applic	ation of Code	provisions would	result in un	mecessary har	dship.	
		□ there a	re exc	eptional circu	mstances peculiar	to property	<i>i</i> .		
					imental to public v				
		□ varian	ce woi	ıld not be con	trary to purposes o	n Code.			
		Description of	propo	sed conditiona	al use on back of fo	orm			

APPLICANT'S SIGNATURE